



State of Rhode Island
Department of Business Regulation



DIVISION OF COMMERCIAL LICENSING AND REGULATION

ALARM SECTION

233 Richmond Street, Suite 230

Providence, Rhode Island 02903-4230

Telephone (401) 222-2416 Facsimile (401) 222-6654 TDD: 711

www.dbr.state.ri.us

ALARM COMPLAINT FORM

INSTRUCTIONS: Please complete this form and return to the above address if you have reason to believe that an Alarm Licensee regulated by the Department of Business Regulation has violated the law or failed to meet his/her responsibilities and obligation to the public. Please print or type. This form will NOT be accepted unless signed by complainant.

COMPLAINANT'S Name:

Residence:

Mailing Address (If different from Residence):

Daytime Telephone number:

Nighttime Telephone Number:

Name and address of ALARM AGENCY the complaint is being made:

Name of ALARM AGENT the complaint is being made:

Date and Time and Place of alleged Violation:

On the reverse side of this form, or on an attached piece of paper, explain as fully as possible the exact nature of your complaint against the licensee or regulated activity. Be sure to include specific information such as dates and purchase services, name, address, telephone of offending licensee, account numbers, etc. Also, attach any documentation which you feel will help support your allegations including sales slips, warranty contracts, purchase and sales agreement, canceled checks, travel vouchers, insurance policies, etc.

The undersigned swears to or affirms the truth and accuracy of all statements, answers, representations and allegations contained herein, including all statements hereto attached.

X _____
Signed

Date: _____